## P930008412

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RETARY OF STATE Allassee, Florida

DEC 3.0 2013

R. WHITE

FILED 3 000 17 PN 3:42

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Orlick, Berg	ger & Kasper, M	D's, PA	
	<sub>BER:</sub> P9300008841			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Brian M. Loesch			
		Name of Contact Person	n	
	Orlick, Berger, Ka	asper & Patel, M	ID's, PA	
		Firm/ Company		
	5800 49th St N.,	S-109		
		Address		
	St Petersburg, Fl	_ 33709		
		City/ State and Zip Cod	e	
he	min@orlick-bergei	r-kasner com		
au		sed for future annual report	notification)	
	inan address, (to be at	ou for facult annual report	nonneamon,	
For further information	on concerning this matter, pleas	se call:		
Brian M. Loe	esch	at (727	522-1115	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An	niling Address nendment Section	Amend	Address Iment Section	
	vision of Corporations  D. Box 6327	Division of Corporations Clifton Building		
	lahassee, FL 32314		Executive Center Circle	
		Tallahassee, FL 32301		

## Articles of Amendment **Articles of Incorporation**

FILED 13 DEC 17 PM 3:41 SECRETARY OF STATE TALLAHASSEE, I'LORIDA

Orlick, Berger & Kasper, M.D.'s, P.A.

ent(s) to

(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	TALLAHASSES
P93000088412			
(Documer	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new na	ime of the corporation:		
Orlick, Berger, Kasper &	Patel, M.D.'s, P.A	•	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional corpora	orated" or the abbreviation
B. Enter new principal office address,	if annlicable:	no change	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli		no change	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amending the registered agent an	d/or registered office addres	s in Florida, enter the nat	me of the
new registered agent and/or the new			
Name of New Registered Agent	Martin E. Orlick, M	M.D.	_
	5800 49th St. N.,	S-109	
	(Florida stree	,	-
New Registered Office Address:	St Peterbusrg	, Florida	33709
	(City)		(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist	ered gent. I am familiar wit	th and accept the obligation	is of the position.
	M Gat	MA.	_
Sign	gnature of New Registered Ag	ent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	Martin E. Orlick, MD	5800 49th St N.
Add			S-109
Remove			St Petersburg, FL 33709
2) Change	VD	Todd A. Berger, MD	5800 49th St N.
Add Add			S-109
Remove			St Petersburg, FL 33709
3) Change	TD	Jeffrey I. Kasper, MD	5800 49th St N.
Add			S-109
Remove			St Petersburg, FL 33709
4) Change	SD	Nandesh N. Patel, MD	5800 49th St N.
Add			S-109
Remove			St Petersburg, FL 33709
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  (A	Α	lditional sheet.		). (Be spec				
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A	(if r	ot applicable,	indicate N/A	)	not contain	ica in the an	citainent itsei	<u></u>
	Ά							

The date of each amendment date this document was signed	(s) adoption: November 1st, 2015	, if other than the
Effective date if applicable:	November 1st, 2013	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
Dated Nov	vember 18, 2013	
S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	_
	Martin E. Orlick, MD	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	